PRINTED: 04/22/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NUMBER 1			(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		HFD12-0078		B. WING		03/2	7/2008
NAME OF P	ROVIDER OR SUPPLIER			DRESS, CITY, ST			
INNOVA	TIVE LIFE SOLUTION	S, INC		STREET NW STON, DC 200			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE YMUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETÉ DATE
1 000	INITIAL COMMEN	TS		1 000			
	been admitted into from March 26, 200 random sample of from a client popula varying degrees of The findings of this observations at the with the residential habilitation and adrithe review of the fasystem.	s survey were based group home and int staff, and a review o ministrative records t acility incident manag	ducted , 2008. A ected nts with on erview of the o include ement			2008 MAY -5 P 5: 20	HITA OF A COLORAN
1 047	3502.5 MEAL SER	VICE / DINING ARE	AS	1047			
	that meals, which a GHMRP, are suited	II be responsible for a are served away fron d to the dietary need ted in the Individual	n the				
	Based on observativerification, the factories served in the GHM	t met as evidenced b tion, staff interview a cility failed to ensure IRP suited the reside ne three residents in ts #1)	nd record that meals ents dietary		1047 IN THE FUTURE ILS W ENSURE THAT ALL RI DIETARY NEDDS ARE	ESIDENTS	5/5/08
	The finding include	es:					
	approximately 4:40 Resident #1 sliced wafers. Several m	h 26, 2008 of the sna D PM, the direct care I banana and four whinutes later a direct in a butter knife atternato smaller pieces.	staff gave nole vanilla care staff				
Health Reg	ulation Administration	10 1			TITLE		(X6) DATE
LABORATO	RY DIRECTOR'S OR PROV	VIDER/SUPPLIER REPRESE	ENTATIVE'S SI	GNATURE	GXXXIVI P	(Reto-	5/510

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

HFD12-0078

A. BUILDING B. WING __

	PROVIDER OR SUPPLIER	STREET AL	DRESS, CIT	Y, STATE, ZIP CODE	03/27/2008
INNOVA	TIVE LIFE SOLUTIONS, INC	7425 8T	H STREET GTON, DC	NW	_
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIEN (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFO	CIES	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	H D D - 1
1047	Continued From page 1		 	DEFICIENCY)	OPRIATE DAT
F tt	Observation of the medication pass of 2008 at approximately 5:20 PM, reveat medication nurse attempted to give R his pill medication in a cup and the click having difficulty getting the pills from the medication cup. Observation on March 27, 2008 at apport Plan (and the medication cup). Observation on March 27, 2008 at apport his meal which consisted of pork of scallop potatoes and broccoli. Interview with the nurse and the QMRF that the resident was edentulous and we required to received his food in a chopport exture, and to receive his medication of exture, and to receive his medication of the review of the Individual Support Plan (and the review of the physician's order date 2008 indicated Resident #1's was present equilar chopped texture diet. Additional thysician order indicated to "crush his muring administration and give in apples	proximately size texture nops, Prevealed vas ped crushed. ISP) and d March cribed a lly, the	1047	MODIFIED SWALLOWING STUDY WAS SCHEDULED WAS COMPLETED ON 4/08. THE RESULT WILL DETERM THE FOOD TEXTURE FOR CLIENT#1. CURRENTLY CLIENTS #1 RECEIVES CHOPPED TEXTURE PER PHYSICIAN'S ORDER. ONCE THE RESULT IS OUT ALL APPLICABLE DISCIPLINES ASSESSMENT WILL BE MODIFIED TO REFLITHIS CHANGES. TRAINING WILL BE PROVIDE TO STAFF AND NURSES TO ENSURE CONSISTENCIES IN FOOD TEXTURE FOR CLIENT #1	
1 078 3	503.6 BEDROOMS AND BATHROOM	s I	078	·	
fo	loset space within the bedroom may be onsidered in calculating square foot mil r bedrooms but shall be clearly divided sident.	- i · · · · ·		1078 THE CLOSET SPACE WITHIN THE BEDROOM HAVE BEEN DIVIDED FOR EACH RESIDENT.	5/5/08
fai	nis Statute is not met as evidenced by: ased on observation and interview the of led to ensure closet space was clearly each resident.	CURADO		IN THE NEAR FUTURE, ILS WILL ENSURE THAT THE CLOSET SPACE IS CLEARLY DEFINED FOR EACH RESIDENT.	
Th	e finding includes;				
Du	ring the environmental walk-through or Administration	. B			

AND PLAN	INT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	ER/CLIA IMBER:	A. BUILD		(X3) DATE : COMPL	
NAME OF	DDO 40 TO	HFD12-0078		B. WING		03/	27/2000
	PROVIDER OR SUPPLIER				, STATE, ZIP CODE		27/2008
	ATIVE LIFE SOLUTION	<u> </u>	WASHING	STREET I	NW 20012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	EUr III	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ALLED DE	(X5) COMPLETE DATE
	Continued From page 27, 2008 at 10:30 P. Client #4 and #6 clo closet. Further obset on hangers were not evidence a clear dividence a clear dividence a clear dividence. Interview with the Requalified Mental Retrevealed that a person completed for each of the facility. Resident clothing inventory was survey. 3504.1 HOUSEKEEF. The interior and extermaintained in a safe, and sanitary manner accumulations of dirt, odors.	M revealed that Resthing were stored in ervation revealed that labeled and did no ision of each client's esidential Director and ardation Professional clothing inventoresident when admitted \$\frac{4}{1}\$, \$\frac{4}{3}\$, and \$\frac{4}{4}\$'s passional available at the PING rior of each GHMRP clean, orderly, attractional be free of	the same at clothing t personal at the al at ywas aed into arsonal at time of shall be ctive,	1078	THE CLOSET IN CLIENT # 4 AND #6 BEDROOM HAVE BE DIVIDED FOR EACH INDIVID PERSONAL CLOTHING AND LABELLED. ILS WILL CONTI TO ENSURE THAT ALL CLOS IN ALL BEDROOMS ARE CLEARLY DIVIDED FOR EAC RESIDENTS PERSONAL CLOT AND ARE LABELLED. RESIDENT #1, #3 AND #4 PERSONAL CLOTHING INVENTORY WAS COMPLETE AND IS AVAILABLE IN THEIR RECORD. IN THE NEAR FUTUI ILS WILL ENSURE THAT ALL RESIDENTS PERSONAL CLOTE ARE COMPLETED.	DUAL ARE NUE EETS CH THING ED R	5/5/08
	This Statute is not more and the Based on observation maintain a safe, clean, free from dirt and rubb The findings include. During the home inspective and the proximation of the proxi	es, the GHMRP failed, orderly, attractive factions. Dish. Description conducted on a felly 2:45 PM the following	March		1090 IN THE NEAR FUTURE, ILS WILL ENSURE THAT THE FACILITY IS MAINTAINED IN A SAFE, CLEAN, ORDERI ATTRACTIVE AND SANITAI MANNER.		5/5/08
1	nternal Resident #1 and R loset door was missin	esident #2's bedroor ig the left door.	m		1. RESIDENT #1 AND #2 BEDROOM CLOSET DOOR HAS BEEN REPAIRED IN 4/0		5/5/08
ııı regulati	on Administration			-		<u>'</u>	ļ.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLI IDENTIFICATION NO.			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
		HFD12-0078		B. WING _		03/2	27/2008
NAME OF F	ROVIDER OR SUPPLIER	·	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
INNOVA	TIVE LIFE SOLUTION	S, INC		STREET N'STON, DC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
1 090	осилиса и или ра	handle was loose ai	nd could	l 090	2. THE DISHWASHER HAND WILL BE FIX TO ENSURE TO IT IS CLOSELY SECURED.		5/5/08
	stairs was not work 4. The light fixtures	s outside of the base			3. THE LIGHT FIXTURE AT THE BOTTOM OF THE BASE STAIRS WAS FIXED IN 4/08.	EMENT	
		working. storage area near the as broken, off track.	back		4.THE LIGHT FIXTURES OU OUTSIDE OF THE BASEMEN BATHROOM WAS FIXED IN	T T	
		rom the kitchen egre			5. THE BASEMENT STORAG AREA NEAR THE BACK SLII DOOR WAS FIXED IN 4/08.		
I 096	3504.7 HOUSEKEE	EPING azardous agent shall	be stored	I 096	THE METAL LANDING FROM THE KITCHEN EGRESS WAS FIXED IN 4/08.		
	This Statute is not Observation and int GHMRP failed to er	met as evidenced by terview revealed that nsure that caustic ag od preparation and s	/: the ents were		I096 THE CAUSTIC AGENT UNDERNEAT THE SINK HAREMOVED. THE CAUSTIC ARE KEPT IN THE CABINET LOCATED IN THE LAUNDR WITH LOCK.	AGENT Г	5/5/08
	27, 2008 at approxi were observed bein	nental walk-through mately 2:55 PM caus ng stored in a food pr nderneath the sink ur	stic agent eparation				
1206	3509.6 PERSONNI	EL POLICIES		I 206	·		
į	Each employee, pri	or to employment an	ıd				Ì

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING HFD12-0078 NAME OF PROVIDER OR SUPPLIER

(X3) DATE SURVEY COMPLETED

03/27/2008

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID		WASHINGTO			
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION	JLL ON)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
1 206	Continued From page 4 annually thereafter, shall provide a physicial		206	<u>1206</u>	5/5/08
	certification that a health inventory has bee performed and that the employee 's health would allow him or her to perform the requiduties.	en a ototua		ALL EMLOYEE AT THIS FACILITY NOW HAVE THERE HEALTY CERTIFICATE. ILS HAS MODIFIED ITS EXISTENCE POLICY TO ENSURE TIMELY SUBMISSION OF HEALTH CERTIFICATE.	3/3/06
	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employed prior to employment and annually thereafte provided evidence of a physician's certificate that documented a health inventory had been performed and that the employee's health is would allow him or her to perform their requiduties.	r, tion en			
	The findings include:				
t	Interview with the Program Coordinator and review of the GHMRP's personnel files on M27, 2008 at 2:00 PM revealed the GHMRP for provide evidence that current health pertificates were on file two (2) consultants (Physical Therapist and Podiatrist).	larch ailed		THE PHYSICAL THERAPIST AND PODIATRIST NOW HAVE A CURRENT HEALTH CERTIFICATES ON FILE.	5/5/08
1 225 3	8510.5(b) STAFF TRAINING	1 22	5		
li li	Each training program shall include, but not mited to, the following:	be			
(t	 b) Human development through the life cycle pirth to death); 	e			
H	his Statute is not met as evidenced by: ased on interview and record review, the Grome for Mental Retardation (GHMRP) failed insure that staff received training.	roup d to			

FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING HFD12-0078 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 03/27/2008 INNOVATIVE LIFE SOLUTIONS, INC 7425 8TH STREET NW WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PRFFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) 1225 Continued From page 5 1225 I225 TRAINING ON HUMAN 5/5/08 The finding includes: DEVELOPMENT IS SCHEDULED On March 27, 2008 at approximately 2:30 PM, FOR 5/16/08 interview with the QMRP and the review of the in-service training records failed to reflect that the GHMRP failed to provide training in the area of Human Development. 3510.5(f) STAFF TRAINING 1229 Each training program shall include, but not be **I229** limited to, the following: INSERVICE TRAINING ON 5/16/08 NUTRITION AND COMMUNICATION (f) Specialty areas related to the GHMRP and the IS SCHEDULED FOR 5/08. residents to be served including, but not limited ILS WILL CONTINUE TO to, behavior management, sexuality, nutrition, ENSURE THAT TRAININGS recreation, total communications, and assistive ARE DONE AS INDICATED technologies: BY NEEDS OF ALL RESIDENTS. This Statute is not met as evidenced by: Based on interview and review of training documents, the GHMRP failed to provide evidence to validate staff training as indicated by residents' need. The findings include: Interview and the review of the in service training records on March 27, 2008, the GHMRP failed to provide training on nutrition and communication. 1 232 3510.5(i) STAFF TRAINING 1232 Each training program shall include, but not be limited to, the following: (i) Training of the residents in the maintenance of oral health and hygiene.

PRINTED: 04/22/2008 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED HFD12-0078 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 03/27/2008 INNOVATIVE LIFE SOLUTIONS, INC 7425 8TH STREET NW WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX 1D PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 6 1232 1232 <u>123</u>2 This Statute is not met as evidenced by: 5/16/08 TRAINING ON ORAL HEALTH Based on staff interview and record review, the AND HYGIENE IS SCHEDULED. Group Home for Mental Retardation (GHMRP) FOR 5/16/08. ILS WILLCONTINUE failed to ensure that staff received training. TO ENSURE THAT STAFF RECEIVE ALL TRAININGS AS REQUIRED. The finding includes: On March 27, 2008 at approximately 2:30 PM, interview with the QMRP and the review of the in-service records failed to provide oral health and hygiene training to the direct care staff. 1 332 3517.10 ADMISSION POLICIES PROCEDURES 1332 At admission or commitment, each GHMRP shall secure for each resident an Individual Habilitation Plan, which is developed in 5/5/08 accordance with D.C. Code § 6-1943 (1989 <u>13</u>32 ISPS' ARE ARRANGED TO Repl. Vol.). BE DONE BY ACONSULTANT This Statute is not met as evidenced by: PROVIDER BY DDS CASE Based on interview and record review, the MANAGER. RESIDENT #6 GHMRP failed to have a current Individual ISP MEETING WAS HELD ON Support Plan on file for review for one of the six 4/29/08. ILS WILL CONTINUE residents residing in the facility at the time of the TO WORK WITH DDS CASE MANAGER TO ENSURE survey. TIMEYL SCHEDULED AND COMPLETION OF ALL RSEDENTS The finding includes: Interview with the Qualified Mental Retardation Professional (QMRP) and the Nursing

Coordinator on March 27, 2008 at approximately 2:30 PM, revealed that Resident #6 did not have a current Individual Support Plan (ISP) for implementation. Further interview revealed that the plan was scheduled to be being developed within the next few week by a consultant provider with the Developmental Disability Services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		HFD12-0078		B. WING		03/27/	2008
	ROVIDER OR SUPPLIER	111 12-0070	STREET ADD	RESS, CITY, ST	TATE, ZIP CODE		
	TIVE LIFE SOLUTION	IS, INC	7425 8TH WASHING	STREET NV TON, DC 20	012		
(X4) 1D PREFIX TAG	(EACH DEDICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	r FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
1 332	Continued From pa	age 7	-	1 332	- ,		
	Record verification admitted into the fa approximately two	n revealed that Resid acility in February 20 months ago.	ent #6 was 08			·	
1 335	3517.13 ADMISSI	ON POLICIES PROC	CEDURES	1 335			
	Each Individual Ha all staff that plan, the resident.	abilitation Plan shall t provide, or evaluate s	pe used by services for				
						,	
	Based on observative review the facility Habilitation plan vannopriate mobile	ot met as evidenced to tation, interview and re- failed to ensure that was developed to inclity for one of the resi cility. (Resident #6)	ecord a Individual lude		I335 FORMAL BLIND MOBILITY ASSESSMENT WAS RECCOMMENDED AT CLIES ISP MEETING ON 4/29/08. QN	NT #6	5/16/08
	The finding include	des:			WILL WORK WITH DDS CASENSURE THAT REFFERALS	SE TO	
	revealed Resider direct care staff v group home. Ful uses a cane for r the direct care st	March 26 and March 2 Int #6 was being assist When navigating through Interpretation revenues as well. Interpretation in the control of assistance facilities layout is under the control of the cont	sted by the ughout the ealed he view with sident #6		MADE FOR THE AFFORMEN ASSESSMENT AND COMPLE IN A TIMELY MANNERS.	ITIONED	
	Professional (QM provided hand rathe facility to ass According to the assessment has functional mobiling recommendation	e Qualified Mental Re MRP) revealed that that the mails throughout the maist Resident #6 with land the QMRP, no formal blackers to the completed to the ty needs for support ins. Reportedly, Residule to continue his income.	ne agency ain level of his mobility. ind mobility to assess his dent #6				

FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD12-0078 03/27/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7425 8TH STREET NW INNOVATIVE LIFE SOLUTIONS, INC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION IO PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1335 Continued From page 8 1335 skills as much as possible. It should be further noted that Resident #6 was transfer to this facility in February 2008. 1399 3520.2(i) PROFESSION SERVICES: GENERAL 1399 **PROVISIONS** Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: Speech and language therapy; and... **I399** 5/16/08 THE SPEECH THERAPIST This Statute is not met as evidenced by: IS AN OUTSIDE PROVIDER Based on interview and record review of the AND WAS REFFERED BY DDS consulting professional records the GHMRP TO COMPLETE AN ASSESSMENT failed to have current Speech Language license ON CLIENT #1. ILS WILL WORK WITH DDS TO OBTIAN HER on file in the facility. LICENSE. The finding includes: Interview with the Residence Director and review

Health Regulation Administration

PROVISIONS

of the personnel files on March 27, 2008 at 1:50 PM failed to evidence that the Speech Language

3520.3 PROFESSION SERVICES: GENERAL

Professional services shall include both diagnosis

Therapist has a current license on file.

and evaluation, including identification of

L401

1401

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIDENTIFICATION N HFD12-0078		JMBEK:	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/27/2008		
NAME OF P	ROVIDER OR SUPPLIER	<u></u>			TATE, ZIP CODE		
	TIVE LIFE SOLUTIO		7425 8TH	STREET NI STON, DC 20)012	•	
INNOVA			<u> </u>		PROVIDER'S PLAN OF C	CORRECTION	(X5) COMPLET
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE CORREST TO THE APPROPRIATE		
I 401	developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to provided diagnosis, evaluation, treatment services and necessary follow up service to prevent deterioration or further loss of functioning for each resident in the facility. The finding includes: On March 27, 2008 at approximately 4:00 PM, interivew with the QMRP revealed that an Speech Language Assessment had been completed on Resident #1 as a part of the comprehensive functional assessment. Review of the reported dated February 6, 2008 included the following recommendations: 1. The client to recieve a modified barium swallow to rule out liquid dysphgia; 2. The client to recieve consistent food texture, manage small bites size foods, chopped texture encourages rapidity. Avoid providing whole breads/buns; 3. The client may benefit from a plate riser as he leans his face down into his plate to scoop rapidly;			1401	I401 IN THE NEAR FUTUILS WILL ENSURE TALL RECCOMENDA ARE COMPLETED A ORDERED IN A TIM MANNER FOR ALL	HAT TIONS S IELY RESIDENTS.	5/5/08
					1. MODIFIED BARIUM STUDYWAS DONE IN AWAITING RESULT 2. MODIFIED SWALL WASD DONE. TO WILL DETERMING CONSISTENCIES TEXTURE FOR COURRENTLY COURRENTLY COURSELVES CHOOLING TEXTURE AS REAL IN PHYSICIAN COURSELVES CHOOLING TEXTURE AS REAL IN PHYSICIAN COURSELVES CHOOLING TEXTURE AS REAL IN PHYSICIAN COURSELVES COMPLETED IN 3/10 CLIENT #1 AND RECCONTING THE PLATE ON GETTING THE PLATE	LOWING HE RESULT NES THE S IN FOOD CLIENT#1. JENTS #1 PPED ECCOMMENDED ORDER. 608 FOR MMENDATION ER. ILS IS WORKIN	5/5/08
	type of plate - h during meals; 5. The client w	receive an assessmonigh low or plate guard ould benefit from a fe to enjoy in safe mana	d to be used eeding		4. OT ASSESNMENT COMPLETED IN 3/08 PLATE GUARD IS RECLIENT #1 IS CURRE A PLATE GUARD.	AND ECCOMMENDED	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD12-0078 NAME OF PROVIDER OR SUPPLIER 03/27/2008 STREET ADDRESS, CITY, STATE, ZIP CODE 7425 8TH STREET NW INNOVATIVE LIFE SOLUTIONS, INC WASHINGTON, DC 20012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID. (EACH CORRECTIVE ACTION SHOULD BE (X5) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) I 401 Continued From page 10 5.FEEDING PROTOCOL WILL 1401 DEVELOPED BY THE SPEECH 5/16/08 liquid and solid: THERAPIST. 6. Determine if the client will benefit from a 6. HEARING AND VISION current hearing and vision examination; 5/29/08 EXAMINATION IS SCHEDULED FOR 5/29/08. 7. Limited in what he is able to express and what he is to comprehend: 7,8&9. THESE RECCOMMENDATION 8. Expand his pointing behavior and attending to WILL BE INCCORPORATED particular task INTO HIS IPP GOALS. 9. Capitalize on his recognition of clothing; and 10. HAVING A BUDY IS NOT 5/5/08 10. The client could benefit from having a buddy RECCOMMENDATION THAT and engaging in simple arts and crafts. IS RELATED TO THE SPEECH THERAPY. THIS WAS NOT The GHMRP had not implemented any of these RECCOMMENDED AT HIS LAST recommendations at the time of the survey. ISP. CLIENT #1 IS ENCOURAGED TO PATICIPATE IN ARTS AND 1 420 3521.1 HABILITATION AND TRAINING CRAFTS WITH HIS PEERS AS 1420 PART OF HIS RECREATION Each GHMRP shall provide habilitation and AND LEISURE ACTIVITIES. training to its residents to enable them to acquire and maintain those life skills needed to cope more effectively with the demands of their environments and to achieve their optimum levels of physical, mental and social functioning. This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to provide habilitation and training to its residents that would enable them to acquire and maintain life skills needed to cope with their environments and achieve optimum levels of physical, mental and social functioning. The findings include: 1. The GHMRP failed to ensure that Resident #6

	OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	A. BUILDII		(X3) DATE COMP	SURVEY LETED
NAME OF I	IDOV(DED on The	HFD12-0078		B. WING		-	· · · · · · · · · · · · · · · · · · ·
INVIVIE OF F	PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY,	STATE, ZIP CODE		27/2008
INNOVA	TIVE LIFE SOLUTION	S, INC	7425 8TH WASHING	STREET N	IW 20012		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	5			<u></u>	
PREFIX TAG	L CEACH DEFICIENCY	MUST BE PRECEDED BY SC IDENTIFYING INFORMA	- · · ·	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
1 420	Continued From page	ge 11		1420		· · · · · · · · · · · · · · · · · · ·	
	has a blind mobility comprehensive function 3517.13] 2. Observation of the 26, 2008 at approximate Resident #1, #2 and goals in which they are in during the administregimen. Interview were vealed that a self-rincluded as a part of functional assessme self-medication object approved by the physical compression of the compression of th	assessment as a pactional assessment. The medication pass of the medication pass of the medication of their medication of their medication assessment. Additionally, the citives was not discussician and the	n March aled that ation ticipate cation ver, ent was	1420	1420 FORMAL BLIND MOBILI ASSESSMENT WAS RECCOMMENDED AT CI ISP MEETING ON 4/29/08 WILL WORK WITH DDS ENSURE THAT REFFERA MADE FOR THE AFFORM ASSESSMENT AND COM IN A TIMELY MANNERS	LIENT #6 . QMRP CASE TO LS ARE ÆNTIONED	5/5/08
1 458 3	interdisciplinary team process. The GHMRP faile 11 had a nutritional acomprehensive functional acomprehensive functional action 3520.3] SE21.11 HABILITATION Control of the control of t	ed to ensure that Ressessment as a partional assessment. [S	ident of his See	458	2. SELF MEDICATION ASSESSMENT WILL BE COMPLETED BY THE RN AND WILL BE IMPLEMENTED FOR RES #1,#2 AS PART OF TH COMPREHENSIVE FUNCTORS	TETO	5/16/0
THE STATE OF THE S	vailable to direct care aily. this Statute is not me ased on interview an illed to have current as two of the three resicility. (Resident #1 ane finding includes: the facility failed to have the fa	e staff and be carried et as evidenced by: d record review the (activity schedules on sidents residing in the and Resident #6)	CGMP		1458 1. DAILY ACTIVITY SCHI FOR RESIDET #1 HAS BEI DONE TO REFLECT DETA OF HIS IPP. ILS WILL ENS THAT ALL RESIDENTS DA ACTIVITY ARE DONE TO REFLECT DETAILING OF IPP GOAL.	EN MILIG SURE AILY	5/5/08

G60C11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING HFD12-0078 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 03/27/2008 INNOVATIVE LIFE SOLUTIONS, INC 7425 8TH STREET NW WASHINGTON, DC 20012 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE PREFIX (X5)CROSS-REFERENCED TO THE APPROPRIATE TAG COMPLETE DATE DEFICIENCY) Continued From page 12 1458 1458 1. Interview with the direct care staff and review of Resident #1's Individual Program Plan (IPP) on 2. DAILY ACTIVITY SCHEDULE 5/5/08 FOR RESIDET #6 HAS BEEN March 27, 2008 did not revealed a current daily DONE TO REFLECT DETAILING activity schedule detailing his IPP. OF HIS IPP. ILS WILL ENSURE THAT ALL RESIDENTS DAILY 2. Interview with the direct care staff and review ACTIVITY ARE DONE TO of Resident #6's Individual Program Plan (IPP) on REFLECT DETAILING OF THERE March 27, 2008 did not revealed a current daily activity schedule detailing his IPP. IPP. 1472 3522.3 MEDICATIONS 1472 The physician who identifies the 5/16/08 1472 self-administration of medications as a goal for a SELF MEDICATION resident shall develop and monitor the plan for ASSESSMENT WILL BE implementation. COMPLETED BY THE RN TO ENSURE THAT THE This Statute is not met as evidenced by: OBJECTIVE BEING Based on interview and record review the IMPLEMENTEDWERE GHMRP failed to ensure that a self-medication APPROPRIATE FOR EACH objective was developed and implemented for RESIDENT FUNCTIONING LEVEL three of the three resident's in the sample. AND WILL BE IMPLEMENTED FOR ALL RESIDENTS The finding includes: Observation of the medication pass on March 26, 2008 at approximately 5:40 PM revealed that through-out the pass the nurse identified Resident #1, #2 and #3 participation in the administration as self-medication objectives. Interveiw with the QMRp and the nursing coordinator on March 26, 2008 at 11:00 Am revealed that the the physician had not been made aware of these self-medication objective. Review of the Health Management Care Plan, the current physician orders and the habilitation records failed to provide evidence that a self-medication assessment had been completed. At the time of the survey it was unclear as to how th Regulation Administration

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AND BLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLII	ED/CLIA	- 			APPRO	
	OF CORRECTION	IDENTIFICATION NU	MBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION	(X3) DATE : COMPL	SURVEY	
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1472	Continued From pa			1472			<u> </u>	
	these self-medication implemented were a functioning level.	on objective being appropriate for each	resident				5/5/ 08	
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